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| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | | ATTORNEY DOCKET NO | | CONFIRMATION NO |
| 10/567,456 TITLE OF INVENTION | 03/29/2006 ELECTRO-ACOUST! | C DEVICE FOR CREAT | John Reid FING PATTERNS OF PA | RTICULATE MATI | | 3-620-415 | 4449 |
| APPLN, TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | YES | \$755 | \$300 | \$0 | | \$1055 | 06/09/2009 |
| EXAM | INER | ART UNIT | CLASS-SUBCLASS | 1 | | | |
| ENSEY, | BRIAN | 2614 | 381-431000 | , | | | |
| Tec Address" ind PTO/SB/47, Rev 03-1 Number is required. 3. ASSIGNEE NAME A PLEASE NOTE: Unlineconduction as set fort (A) NAME OF ASSIC SONIC AGE L Please check the appropri | ondence address (or Chr 8/122) attached. (or Chr 8/122) attached. (or Fee Address 2 or more recent) attach ND RESIDENCE DAT. css an assignee is ident in in 37 CFR 3.11. Com SNEE IMITED iste assignee category or | 2. For printing on the pastent front page, list (I) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2. On the name of a single firm (having as a member a registered attorney or agent) and the names of up to listed, no rame will be printed. 3. HE PATENT (print or type) that will appear on the patent. If an assignce is identified below, the document has been filed for a substitute for filing an assignment. (B) RESIDENCE: (CTY and STATE OR COUNTRY) Reswick, Cumbria, United Kingdom nated on the patent): | | | | | |
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| | | | d from anyone other than to Office. | | | | |
| Authorized Signature | /B. J. Sad | off/ | | DateJ | une s | 9, 2009 | |
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